N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

THIS IS A PERMANENT RECORD — WRITE PLAINLY WITH UNFADING INK

ARIZONA STATE BOARD OF HEALTH   145

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No. 294

1. PLACE OF BIRTH

County *Gila*   State *Arizona*

District or Township *Miami*   or Village

City *Miami*   No. *711A Live Oak*   St. .... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Danato Carrillo*   If child is not yet named, make supplemental report, as directed.

3. Sex of Child *Boy*

To be answered ONLY in event of plural births.

4. Twin, triplet or other ....

5. No., in order of birth ....

6. Legitimate?

7. Date of birth *Sept. 20 1931*
Month Day Year

8. FATHER

Full name *Ruperto Carrillo*

9. Residence (Usual place of abode) *711A Live Oak St.*
If non-resident, give place and state.

10. Color or race *Mexican*

11. Age at last birthday *41* (Years)

12. Birthplace (city or place) *Teoqualtiché*
(State or country) *Jalisco Mexico*

13. Occupation *Miner*
Nature of Industry

14. MOTHER

Full maiden name *Sabina Pedroza*

15. Residence (Usual place of abode) *711A Live Oak St.*
If non-resident, give place and state. *Miami Arizona*

16. Color or race *Mexican*

17. Age at last birthday *31* (Years)

18. Birthplace (city or place) *Villa Hidalgo*
(State or country) *Jalisco, Mexico*

19. Occupation
Nature of Industry *Housewife*

20. Number of children of this mother *10*
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living *7*
(b) Born alive but now dead *3*
(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? *Yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was *Sept. 20 1931* at *7A* a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report ....
36-920-271
Month, day, year

Signature ....

(Physician or midwife.) *Midwife*

Address *Rosa Cortez*

Filed *Oct 2* 1931   Registrar.